

# Seattle Fire Prevention Division

220 3<sup>rd</sup> Avenue S. Seattle, WA 98104-2608

Phone: 206-386-1450 Fax: 206-386-1348



## System Test Report

FIRE ALARM		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Reacceptance Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White
<b>Occupancy Information</b>				
Occupancy Name:		Contact Name:		
Occupancy Address:		Contact Phone:		
		Contact Email:		
<b>Fire Alarm Inventory</b>				
System Make:		System Model:		
Control Panel Location:				
<b>Inspection &amp; Testing Agency Information</b>				
Name:		Phone:		
Address:		Emergency Phone:		
		Email:		
<b>Inspector/Tester Information</b>				
Name:		Phone:		
SFD Certification No.: SCP-_____				
<b>Fire Alarm</b>				
Date of Test:				
The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the CURRENT FIRE CODE AND REFERENCED NFPA 72 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly inspecting and testing requirements.				
<b>PRE-TEST CHECK</b>				
AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.				
1. The building occupants were notified.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. The onsite supervisory station was notified.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. The Central Station Monitoring Service was notified to place FAS in test mode		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>GENERAL</b>				
4. The key to the panel is available at the FACP.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. The operating instructions are available at the FACP.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, and plates; keys and allen wrenches, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**ALARM PANEL**

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 7. The FACP operates on AC power  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 8. The FACP operates on Battery power.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 9. The FACP operates on emergency generator/standby power.                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10. The trouble indicators function properly and a trouble signal comes on with AC power off. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |

**INITIATING DEVICES AND NOTIFICATION APPLIANCES**

- |   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| 11. Initiating and notification appliances tested operate properly on AC power.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| 12. Initiating and notification appliances tested operate properly on generator/standby power.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| 13. Initiating and notification appliances tested operate properly on battery power.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| 14. 100% of the INITIATING DEVICES per circuit that were tested and included as part of this report were in accordance with the NFPA 72 Chapter 10 standards referenced by the current fire code (NFPA 72). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

(NOTE: 2 or 20%, whichever is greater, of restorable fixed-temperature, spot-type heat detectors need to be tested annually. Records shall be kept to ensure that every detector is tested every five years.)

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 15. 100% of the AUDIBLE ALARM APPLIANCES per circuit that were tested and included as part of this report were in accordance with 2007 NFPA 72 Chapter 10. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 16. The audible alarm appliances tested operate at the levels the levels required by NFPA 72.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 17. The audible appliances tested in residential units generate a minimum of 60DBA at the pillow in the sleeping areas.                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 18. 100% of the VISUAL ALARM APPLIANCES per circuit that were tested and included as part of this report were in accordance with 2007 NFPA 72 Chapter 10.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |
| 19. The visual alarm appliances tested operate as required by NFPA 72.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              |

**BATTERIES**

- |  |             |            |
|--|-------------|------------|
| 20. The batteries are rated for: (hours & minutes) | _____ Hours | _____ Min. |
| 21. Battery voltage (no load)                      | _____ Volts |            |
| 22. Battery voltage (full load)                    | _____ Volts |            |
| 23. Charge circuit voltage                         | _____ Volts |            |

**INTERFACE DEVICES**

- |  |                                     |                                    |                              |
|--|-------------------------------------|------------------------------------|------------------------------|
| 24. The FACP received signals from the following Interface devices: Tested by: | <input type="checkbox"/> Simulation | <input type="checkbox"/> Operation |                              |
| 25. Emergency Generator(s)   | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        | <input type="checkbox"/> N/A |
| 26. Flow Switch(es)  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        | <input type="checkbox"/> N/A |
| 27. Supervisory Switch(es)   | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        | <input type="checkbox"/> N/A |
| 28. Range Hood Suppression System(s)   | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        | <input type="checkbox"/> N/A |
| 29. Dry Chemical System(s)   | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        | <input type="checkbox"/> N/A |
| 30. Clean Agent System(s)  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        | <input type="checkbox"/> N/A |
| 31. Pre-action Systems(s)  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        | <input type="checkbox"/> N/A |
| 32. Pull Stations  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        | <input type="checkbox"/> N/A |

**OTHER EQUIPMENT CONTROLLED BY FACP**

33. The following Fire Safety Functions responded to signals from the FACP. Tested by: ☐ Simulation ☐ Operation

Note: This Section replaces the Sequence Test Form. The checks in this section are only required during one of the quarterly tests. The functions in this section require testing during the annual confidence test for all other buildings.

- |                               |                              |                             |                              |
|-------------------------------|------------------------------|-----------------------------|------------------------------|
| 34. Fan controls              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 35. Smoke Dampers             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 36. Elevator Recall system    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 37. Elevator Shunt Switch(es) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 38. Magnetic Door Holders     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 39. Door Lock devices         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

40. Fire Pump(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
41. General alarm automatic time delay _____ (minutes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
42. Remote Annunciator Panels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>COMMUNICATION EQUIPMENT</b>			
43. All phone sets function properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
44. All phone jacks function properly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
45. All phone indicating devices at the FACP work properly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
46. The public address equipment at the FACP works properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
47. The in-building Emergency Radio Communication Systems function throughout the building in accordance with the current Fire Code Sec. 510 and Appendix J.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>ALARM PANEL MONITORING</b>			
48. A signal was received at the Central Station monitoring company.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>STAIRWAY DOOR LOCKS</b>			
49. All stairway door locking devices release simultaneously, without unlatching, upon activation of the fire alarm system from anywhere in the building.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
50. All stairway door locking devices release simultaneously, without unlatching, upon activation from the fire command center.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
51. The door(s) to the roof unlocks upon activation of the fire alarm system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
52. There is an access key at the control panel for doors that fail to unlock.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
53. All of the doors open, close, and latch properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>FINAL CHECKS</b>			
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings).			
54. The confidence test report will be given to the owner in either electronic or paper form and a status tag was posted on the fire alarm system. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action.			
I am authorized to submit this report for the certified technician who has accepted this statement.			
<b>SIGNATURE (OPTIONAL)</b>			
Signature of Technician			
Signature of Building Representative			

## System Testing Reports Must Be Submitted Online

Submit reports to <http://www.thecomplianceengine.com/>